


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L01000008719 <b>1. Entity Name</b> MCKINSEY, L.L.C.	
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**Principal Place of Business**  
504 SE 8TH STREET  
OCALA, FL 34472

**Mailing Address**  
P.O. BOX 2138  
OCALA, FL 34478



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3722273	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

MILLHORN, MICHAEL D  
C/O THE MILLHORN LAW FIRM  
13710 US 441, SUITE 100  
LADY LAKE, FL 32159

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	MGRM DILORENZO, JAMES D 250 SE 123RD ST. ROAD OCALA, FL 34480
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	MGRM MCKINSEY, CAROL R 250 SE 123RD ST. ROAD OCALA, FL 34480
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	

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01/20/06-80032-007 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Carol R McKinsey, Mgrm 1/11/06 352-671-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #